| POSITION | INITIALS | ID NO. | DATE |
|---|---|---|---|
| | | | |
| FEE DETERMINATION | N. A | | 02/14/01 |
| O.I.P.E. CLASSIFIER | | 27 | 3/4/01 |
| FORMALITY REVIEW | Sd | S SJ | 5/23/01 |
| RESPONSE FORMALITY REVIEW | | | |
| | | | |

## INDEX OF CLAIMS

| | | | | |
|---|---|---|---|---|
| ✔ | ................... Rejected | N | ................... Non-elected |
| = | ................... Allowed | I | ................... Interference |
| — | (Through numeral)... Canceled | A | ................... Appeal |
| ÷ | ................... Restricted | O | ................... Objected |

| Claim Final | Original | Date | | | | | |
|---|---|---|---|---|---|---|---|
| | 1 | ✔ | | | | | |
| | 2 | | | | | | |
| | 3 | | | | | | |
| | 4 | | | | | | |
| | 5 | | | | | | |
| | 6 | ✔ | | | | | |
| | 7 | D | | | | | |
| | 8 | ✔ | | | | | |
| | 9 | D | | | | | |
| | 10 | ✔ | | | | | |
| | 11 | | | | | | |
| | 12 | | | | | | |
| | 13 | | | | | | |
| | 14 | | | | | | |
| | 15 | | | | | | |
| | 16 | | | | | | |
| | 17 | | | | | | |
| | 18 | | | | | | |
| | 19 | | | | | | |
| | 20 | | | | | | |
| | 21 | | | | | | |
| | 22 | ✔ | | | | | |
| | 23 | | | | | | |
| | 24 | | | | | | |
| | 25 | | | | | | |
| | 26 | | | | | | |
| | 27 | | | | | | |
| | 28 | | | | | | |
| | 29 | | | | | | |
| | 30 | | | | | | |
| | 31 | | | | | | |
| | 32 | | | | | | |
| | 33 | | | | | | |
| | 34 | | | | | | |
| | 35 | | | | | | |
| | 36 | | | | | | |
| | 37 | | | | | | |
| | 38 | | | | | | |
| | 39 | | | | | | |
| | 40 | | | | | | |
| | 41 | | | | | | |
| | 42 | | | | | | |
| | 43 | | | | | | |
| | 44 | | | | | | |
| | 45 | | | | | | |
| | 46 | | | | | | |
| | 47 | | | | | | |
| | 48 | | | | | | |
| | 49 | | | | | | |
| | 50 | | | | | | |

| Claim Final | Original | Date | | | | | |
|---|---|---|---|---|---|---|---|
| | 51 | | | | | | |
| | 52 | | | | | | |
| | 53 | | | | | | |
| | 54 | | | | | | |
| | 55 | | | | | | |
| | 56 | | | | | | |
| | 57 | | | | | | |
| | 58 | | | | | | |
| | 59 | | | | | | |
| | 60 | | | | | | |
| | 61 | | | | | | |
| | 62 | | | | | | |
| | 63 | | | | | | |
| | 64 | | | | | | |
| | 65 | | | | | | |
| | 66 | | | | | | |
| | 67 | | | | | | |
| | 68 | | | | | | |
| | 69 | | | | | | |
| | 70 | | | | | | |
| | 71 | | | | | | |
| | 72 | | | | | | |
| | 73 | | | | | | |
| | 74 | | | | | | |
| | 75 | | | | | | |
| | 76 | | | | | | |
| | 77 | | | | | | |
| | 78 | | | | | | |
| | 79 | | | | | | |
| | 80 | | | | | | |
| | 81 | | | | | | |
| | 82 | | | | | | |
| | 83 | | | | | | |
| | 84 | | | | | | |
| | 85 | | | | | | |
| | 86 | | | | | | |
| | 87 | | | | | | |
| | 88 | | | | | | |
| | 89 | | | | | | |
| | 90 | | | | | | |
| | 91 | | | | | | |
| | 92 | | | | | | |
| | 93 | | | | | | |
| | 94 | | | | | | |
| | 95 | | | | | | |
| | 96 | | | | | | |
| | 97 | | | | | | |
| | 98 | | | | | | |
| | 99 | | | | | | |
| | 100 | | | | | | |

| Claim Final | Original | Date | | | | | |
|---|---|---|---|---|---|---|---|
| | 101 | | | | | | |
| | 102 | | | | | | |
| | 103 | | | | | | |
| | 104 | | | | | | |
| | 105 | | | | | | |
| | 106 | | | | | | |
| | 107 | | | | | | |
| | 108 | | | | | | |
| | 109 | | | | | | |
| | 110 | | | | | | |
| | 111 | | | | | | |
| | 112 | | | | | | |
| | 113 | | | | | | |
| | 114 | | | | | | |
| | 115 | | | | | | |
| | 116 | | | | | | |
| | 117 | | | | | | |
| | 118 | | | | | | |
| | 119 | | | | | | |
| | 120 | | | | | | |
| | 121 | | | | | | |
| | 122 | | | | | | |
| | 123 | | | | | | |
| | 124 | | | | | | |
| | 125 | | | | | | |
| | 126 | | | | | | |
| | 127 | | | | | | |
| | 128 | | | | | | |
| | 129 | | | | | | |
| | 130 | | | | | | |
| | 131 | | | | | | |
| | 132 | | | | | | |
| | 133 | | | | | | |
| | 134 | | | | | | |
| | 135 | | | | | | |
| | 136 | | | | | | |
| | 137 | | | | | | |
| | 138 | | | | | | |
| | 139 | | | | | | |
| | 140 | | | | | | |
| | 141 | | | | | | |
| | 142 | | | | | | |
| | 143 | | | | | | |
| | 144 | | | | | | |
| | 145 | | | | | | |
| | 146 | | | | | | |
| | 147 | | | | | | |
| | 148 | | | | | | |
| | 149 | | | | | | |
| | 150 | | | | | | |

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)